

Instructions for completing the Massachusetts DPH (MDPH) Adult Immunization Enrollment

Please complete the attached enrollment form and fax to 617-983-6924. If you administer vaccines to people less than 19 years of age, please contact the Vaccine Unit @ 617-983-6828 to enroll in the Vaccines for Children (VFC) program.

Please ensure that all four pages of the enrollment form are filled out and include:

- Page 1: E-mail Address: MDPH is using e-mail to more efficiently communicate time sensitive material. If your office has a general e-mail address please provide it. If not, please provide a personal e-mail address for either the medical director or nurse manager. There is space for 3 e-mail addresses on page 1. If you wish to provide additional e-mail addresses, please notate them on page 4 of the enrollment form. **Please print clearly.**
Shipping and mailing address. State-supplied vaccines are shipped directly to your office. Please include both mailing and shipping addresses as well as shipping hours on page 1 of the enrollment form.
Medical Director must initial the bottom of the page.
- Page 2: Medical Director must initial the bottom of page.
- Page 3: Medical director must sign the bottom of page.
- Page 4: Include a complete list of all practitioners that prescribe vaccine. Medical Director must initial the bottom of page.
- Provider enrollment forms must be completed and returned to MDPH by **June 29, 2011** or your practice will be unable to order vaccines.

If any of this information is missing or incomplete you will be notified by the Vaccine Unit and your status in the program will remain inactive.